

NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP) APPLICATION

(Formerly Lifeline/Link-Up Program)

LAST NAME	FIRST NAME	MIDDLE (Name/Initial)	SOCIAL SECURITY NUMBER	
STREET ADDRESS (MUST be street address / NOT a P.O. Box)		CITY	STATE	ZIP CODE
MAILING ADDRESS (ONLY if different from above)		CITY	STATE	ZIP CODE

Phone number where I can receive messages: ()

1. Select ALL that apply:

- A. I have phone service. My phone number is:
()
Name of Telephone Co.:
Name on Phone Bill:

- B. I have moved or started service in the last 60 days
Date new service began:

- C. I do **NOT** currently have phone service or have been disconnected.

2. Select ALL of the programs you are on:

- Medicaid (NOT MEDICARE)
Food Stamps
Supplemental Security Income (SSI)
Federal Public Housing Assistance
Low-Income Home Energy Assistance

3. PLEASE PROVIDE PROOF OF PARTICIPATION IN ONE OF THE ABOVE PROGRAMS.

Do ONE of the following:

- A) Send in a copy of either:
- Your current 8 1/2" X 11 Medicaid Sheet
 - Your current Food Stamp Approval Notice of Acceptance
 - Your current monthly payment statement received for Supplemental Security Income (SSI)
 - Your current Low-Income Home Energy Assistance Program statement
- B) Have your HHS caseworker sign this form below to verify that you are enrolled in a qualifying program
- C) Have the Local Housing Authority sign this form below to verify that you receive Federal Public Housing Assistance

4. I understand completion of this application does not constitute immediate acceptance into this program. I agree to notify the Nebraska Public Service Commission or my local telephone company when I no longer participate in at least one of the above qualifying programs. I agree to fill out a new application requesting assistance prior to moving.

I certify, under penalty of perjury, the above information is true. I have read the information on this application and understand I must meet the above qualification to receive assistance from these programs.

Applicant or POA Signature *Copy of Power Of Attorney Page must be included with application

Date

-----FOR AUTHORIZING AGENCY'S USE ONLY-----

AGENCIES hereby "certify" that their office is directly involved with administering the program(s) or has access to the records of the office that does administer the program(s), and the applicant is currently on these program(s).

Authorized Signature (HHS Caseworker or Housing Authority Personnel ONLY)

Title

Printed Name

Date

()

Telephone Number

Agency Name & Address

City

State

Zip Code

RETURN COMPLETED APPLICATION TO:

NTAP
P.O. Box 94927
Lincoln, NE 68509-4927

Have Questions? Call 1-800-526-0017,
Or, in Lincoln, 471-3101

Vea el revés para la traducción en Español.